

CONSENT FOR TREATMENT OF A MINOR

NOTE: If you are consenting to treatment of a minor child and a court order has been entered with respect to the conservatorship of said child, or impacting your rights with respect to consenting to the child's health care and treatment, the parents are responsible for resolving conservatorship disputes regarding care of the minor patient outside of the clinic. This clinic may rely on the representations of the accompanying parent unless provided a signed court order clearly stating that the accompanying parent lacks any authority to make medical decisions.

We/I, the undersigned _____, parent(s) and /or guardian(s) of a minor child _____, give you full and unconditional authority to proceed with the clinical evaluation and treatment as your judgment indicates. This consent is given by me / us as parent(s) and / or guardian(s) of said child. We / I have legal power to consent to medical assessment and treatment of said minor child.

Date: _____

Mother or Guardian

Father or Guardian